

DIRECTORY OF KANSAS GENERAL HOSPITALS

9/1/06

|                 |                                     |                    |                           |                        |                            |
|-----------------|-------------------------------------|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | SOUTH CENTRAL KANSAS REG MED CENTER | State ID :         | H-018-001                 | Beds Licensed Acute :  | 75                         |
| Address :       | 216 W BIRCH AVE                     | Federal Provider : | 170150                    | Beds Certified Acute : | 75                         |
| City :          | ARKANSAS CITY, KS 67005-1563        | Telephone :        | (620) 442-2500            |                        |                            |
| Administrator : | PHYLLIS MAC-MILLS                   | Fax :              | (620) 441-5953            | Number of Bassinets :  | 5                          |
| Licensees :     | CITY OF ARKANSAS CITY               | GA07               | Area : KS                 |                        |                            |
|                 |                                     |                    | County : COWLEY           |                        |                            |
|                 |                                     |                    | Certified as Swing Bed :  | Yes                    | Lic Type: General Hospital |
|                 |                                     |                    | Accrediting Organization: |                        |                            |

|                 |                                     |                    |                           |                        |                            |
|-----------------|-------------------------------------|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | COFFEY COUNTY HOSPITAL              | State ID :         | H-016-001                 | Beds Licensed Acute :  | 36                         |
| Address :       | 801 N FOURTH ST                     | Federal Provider : | 170094                    | Beds Certified Acute : | 36                         |
| City :          | BURLINGTON, KS 66839                | Telephone :        | (620) 364-2121            |                        |                            |
| Administrator : | DENNIS GEORGE                       | Fax :              | (620) 364-8425            | Number of Bassinets :  | 7                          |
| Licensees :     | COFFEY HEALTH SYSTEM BD OF TRUSTEES | GC06               | Area : KS                 |                        |                            |
|                 |                                     |                    | County : COFFEY           |                        |                            |
|                 |                                     |                    | Certified as Swing Bed :  | Yes                    | Lic Type: General Hospital |
|                 |                                     |                    | Accrediting Organization: |                        |                            |

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|-----------------|-------------------------------------|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | COFFEYVILLE REGIONAL MEDICAL CENTER | State ID :         | H-063-002                 | Beds Licensed Acute :  | 99                         |
| Address :       | 1400 W 4TH PO BOX 856               | Federal Provider : | 170145                    | Beds Certified Acute : | 99                         |
| City :          | COFFEYVILLE, KS 67337               | Telephone :        | (620) 252-1537            |                        |                            |
| Administrator : | GERALD J MARQUETTE                  | Fax :              | (620) 252-1651            | Number of Bassinets :  | 10                         |
| Licensees :     |                                     |                    | Area : KS                 |                        |                            |
|                 | QUORUM HEALTH                       | HA05               | County : MONTGOMERY       |                        |                            |
|                 |                                     |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                                     |                    | Accrediting Organization: | JCAHO                  |                            |

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|-----------------|--------------------------------|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | WESTERN PLAINS MEDICAL COMPLEX | State ID :         | H-029-002                 | Beds Licensed Acute :  | 90                         |
| Address :       | 3001 AVE A PO BOX 1478         | Federal Provider : | 170175                    | Beds Certified Acute : | 90                         |
| City :          | DODGE CITY, KS 67801           | Telephone :        | (620) 225-8400            |                        |                            |
| Administrator : | JOHN WALKER                    | Fax :              | (620) 225-8403            | Number of Bassinets :  | 10                         |
| Licensees :     | LIFEPOINT HOSPITALS INC        | GA04               | Area : KS                 |                        |                            |
|                 |                                |                    | County : FORD             |                        |                            |
|                 |                                |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                                |                    | Accrediting Organization: | JCAHO                  |                            |

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|-----------------|---------------------------------|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | SUSAN B ALLEN MEMORIAL HOSPITAL | State ID :         | H-008-002                 | Beds Licensed Acute :  | 103                        |
| Address :       | 720 W CENTRAL AVE               | Federal Provider : | 170017                    | Beds Certified Acute : | 103                        |
| City :          | EL DORADO, KS 67042-2144        | Telephone :        | (316) 321-3300            |                        |                            |
| Administrator : | JIMMIE A. WILSON                | Fax :              |                           | Number of Bassinets :  | 6                          |
| Licensees :     | SUSAN B ALLEN MEMORIAL HOSPITAL | GA05               | Area : KS                 |                        |                            |
|                 |                                 |                    | County : BUTLER           |                        |                            |
|                 |                                 |                    | Certified as Swing Bed :  | Yes                    | Lic Type: General Hospital |
|                 |                                 |                    | Accrediting Organization: | JCAHO                  |                            |

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| Name :          | MORTON COUNTY HOSPITAL   | State ID :         | H-065-001                 | Beds Licensed Acute :  | 40                         |
| Address :       | 445 N HILLTOP PO BOX 937 | Federal Provider : | 170166                    | Beds Certified Acute : | 40                         |
| City :          | ELKHART, KS 67950-0937   | Telephone :        | (620) 697-2141            |                        |                            |
| Administrator : | LEONARD HERNANDEZ        | Fax :              |                           | Number of Bassinets :  | 0                          |
| Licensees :     |                          |                    | Area : KS                 |                        |                            |
|                 |                          |                    | County : MORTON           |                        |                            |
|                 |                          |                    | Certified as Swing Bed :  | Yes                    | Lic Type: General Hospital |
|                 |                          |                    | Accrediting Organization: |                        |                            |

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|-----------------|------------------------|---------------------------|-----------------|------------------------|------------------|
| Name :          | NEWMAN REGIONAL HEALTH | State ID :                | H-056-001       | Beds Licensed Acute :  | 190              |
| Address :       | 1201 W 12TH AVE        | Federal Provider :        | 170001          | Beds Certified Acute : | 190              |
| City :          | EMPORIA, KS 66801-2597 | Telephone :               | 6203436800x2600 |                        |                  |
| Administrator : | TERRY LAMBERT          | Fax :                     | (620) 341-7801  | Number of Bassinets :  | 15               |
| Licensees :     |                        | Area :                    | KS              |                        |                  |
|                 |                        | County :                  | LYON            |                        |                  |
|                 |                        | Certified as Swing Bed :  | Yes             | Lic Type:              | General Hospital |
|                 |                        | Accrediting Organization: | JCAHO           |                        |                  |

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|-----------------|---|---------------------------|----------------|------------------------|------------------|
| Name :          | MERCY HEALTH CENTER                     | State ID :                | H-006-001      | Beds Licensed Acute :  | 139              |
| Address :       | 401 WOODLAND HILLS BLVD                 | Federal Provider :        | 170058         | Beds Certified Acute : | 139              |
| City :          | FORT SCOTT, KS 66701-2497               | Telephone :               | (620) 223-7057 |                        |                  |
| Administrator : | JON SWOPE                               | Fax :                     | (620) 223-5327 | Number of Bassinets :  | 19               |
| Licensees :     | SISTERS OF MERCY HEALTH SYSTEM-ST LOUIS | GA05                      | Area :         | KS                     |                  |
|                 |   |                           | County :       | BOURBON                |                  |
|                 |   | Certified as Swing Bed :  | Yes            | Lic Type:              | General Hospital |
|                 |   | Accrediting Organization: | JCAHO          |                        |                  |

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|-----------------|-----------------------------|---------------------------|----------------|------------------------|------------------|
| Name :          | ST CATHERINE HOSPITAL       | State ID :                | H-028-001      | Beds Licensed Acute :  | 99               |
| Address :       | 401 EAST SPRUCE STREET      | Federal Provider :        | 170023         | Beds Certified Acute : | 99               |
| City :          | GARDEN CITY, KS 67846-5679  | Telephone :               | (620) 272-2222 |                        |                  |
| Administrator : | SCOTT TAYLOR                | Fax :                     |                | Number of Bassinets :  | 7                |
| Licensees :     | CATHOLIC HEALTH INITIATIVES | GA05                      | Area :         | KS                     |                  |
|                 |                             |                           | County :       | FINNEY                 |                  |
|                 |                             | Certified as Swing Bed :  | No             | Lic Type:              | General Hospital |
|                 |                             | Accrediting Organization: | JCAHO          |                        |                  |

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|-----------------|---------------------------|---------------------------|----------------|------------------------|------------------|
| Name :          | CENTRAL KS MEDICAL CENTER | State ID :                | H-005-002      | Beds Licensed Acute :  | 99               |
| Address :       | 3515 BROADWAY ST          | Federal Provider :        | 170033         | Beds Certified Acute : | 99               |
| City :          | GREAT BEND, KS 67530-3691 | Telephone :               | (620) 792-2511 |                        |                  |
| Administrator : | CHRIS THOMAS              | Fax :                     |                | Number of Bassinets :  | 12               |
| Licensees :     |                           | Area :                    | KS             |                        |                  |
|                 |                           | County :                  | BARTON         |                        |                  |
|                 |                           | Certified as Swing Bed :  | No             | Lic Type:              | General Hospital |
|                 |                           | Accrediting Organization: | JCAHO          |                        |                  |

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| Name :          | HAYS MEDICAL CENTER INC | State ID :                | H-026-001      | Beds Licensed Acute :  | 194              |
| Address :       | 2220 CANTERBURY DRIVE   | Federal Provider :        | 170013         | Beds Certified Acute : | 194              |
| City :          | HAYS, KS 67601-8100     | Telephone :               | (785) 623-5000 |                        |                  |
| Administrator : | JOHH JETER              | Fax :                     | (785) 623-2291 | Number of Bassinets :  | 16               |
| Licensees :     | HAYS MEDICAL CENTER INC | GA05                      | Area :         | KS                     |                  |
|                 |                         |                           | County :       | ELLIS                  |                  |
|                 |                         | Certified as Swing Bed :  | No             | Lic Type:              | General Hospital |
|                 |                         | Accrediting Organization: | JCAHO          |                        |                  |

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| Name :          | HUTCHINSON HOSPITAL CORPORATION | State ID :                | H-078-001      | Beds Licensed Acute :  | 199              |
| Address :       | 1701 E 23RD AVE                 | Federal Provider :        | 170020         | Beds Certified Acute : | 199              |
| City :          | HUTCHINSON, KS 67502-1191       | Telephone :               | (620) 665-2001 |                        |                  |
| Administrator : | GENE E. SCHMIDT                 | Fax :                     | (620) 513-3811 | Number of Bassinets :  | 17               |
| Licensees :     | HUTCHINSON HOSPITAL CORPORATION | GA05                      | Area :         | KS                     |                  |
|                 |                                 |                           | County :       | RENO                   |                  |
|                 |                                 | Certified as Swing Bed :  | No             | Lic Type:              | General Hospital |
|                 |                                 | Accrediting Organization: |                |                        |                  |

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|-----------------|-------------------------------------|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | MERCY HOSPITAL OF KS - INDEPENDENCE | State ID :         | H-063-004                 | Beds Licensed Acute :  | 75                         |
| Address :       | 800 W MYRTLE ST                     | Federal Provider : | 170010                    | Beds Certified Acute : | 75                         |
| City :          | INDEPENDENCE, KS 67301-3240         | Telephone :        | (620) 331-2200            |                        |                            |
| Administrator : | JON SWOPE                           | Fax :              |                           | Number of Bassinets :  | 6                          |
| Licensees :     | SISTERS OF MERCY HEALTH SYSTEM INC  | GA05               | Area : KS                 |                        |                            |
|                 |                                     |                    | County : MONTGOMERY       |                        |                            |
|                 |                                     |                    | Certified as Swing Bed :  | Yes                    | Lic Type: General Hospital |
|                 |                                     |                    | Accrediting Organization: | JCAHO                  |                            |

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| Name :          | GEARY COMMUNITY HOSPITAL     | State ID :         | H-031-001                 | Beds Licensed Acute :  | 92                         |
| Address :       | 1102 ST MARYS RD BOX 490     | Federal Provider : | 170074                    | Beds Certified Acute : | 92                         |
| City :          | JUNCTION CITY, KS 66441-0490 | Telephone :        | (785) 762-4131            |                        |                            |
| Administrator : | DAVID BRADLEY                | Fax :              | (785) 238-1204            | Number of Bassinets :  | 0                          |
| Licensees :     | GEARY COUNTY                 | GC06               | Area : KS                 |                        |                            |
|                 |                              |                    | County : GEARY            |                        |                            |
|                 |                              |                    | Certified as Swing Bed :  | Yes                    | Lic Type: General Hospital |
|                 |                              |                    | Accrediting Organization: | JCAHO                  |                            |

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|-----------------|---|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | PROVIDENCE MEDICAL CENTER               | State ID :         | H-105-003                 | Beds Licensed Acute :  | 400                        |
| Address :       | 8929 PARALLEL PKY                       | Federal Provider : | 170146                    | Beds Certified Acute : | 400                        |
| City :          | KANSAS CITY, KS 66112-3607              | Telephone :        | (913) 596-4000            |                        |                            |
| Administrator : | JAMES T PAQUETTE                        | Fax :              |                           | Number of Bassinets :  | 16                         |
| Licensees :     | SISTERS OF CHARITY OF LEAVENWORTH HEALT | GA05               | Area : KS                 |                        |                            |
|                 |   |                    | County : WYANDOTTE        |                        |                            |
|                 |   |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |   |                    | Accrediting Organization: | JCAHO                  |                            |

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|-----------------|---|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | UNIVERSITY OF KS HOSPITAL               | State ID :         | H-105-002                 | Beds Licensed Acute :  | 620                        |
| Address :       | 3901 RAINBOW BLVD                       | Federal Provider : | 170040                    | Beds Certified Acute : | 620                        |
| City :          | KANSAS CITY, KS 66160-7200              | Telephone :        | (913) 588-1270            |                        |                            |
| Administrator : | IRENE CUMMING                           | Fax :              |                           | Number of Bassinets :  | 24                         |
| Licensees :     | UNIVERSITY OF KANSAS HOSPITAL AUTHORITY | GA07               | Area : KS                 |                        |                            |
|                 |   |                    | County : WYANDOTTE        |                        |                            |
|                 |   |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |   |                    | Accrediting Organization: | JCAHO                  |                            |

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|-----------------|----------------------------|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | LAWRENCE MEMORIAL HOSPITAL | State ID :         | H-023-001                 | Beds Licensed Acute :  | 161                        |
| Address :       | 325 MAINE ST               | Federal Provider : | 170137                    | Beds Certified Acute : | 161                        |
| City :          | LAWRENCE, KS 66044-1393    | Telephone :        | (785) 749-6100            |                        |                            |
| Administrator : | EUGENE MEYER               | Fax :              | (785) 749-6126            | Number of Bassinets :  | 13                         |
| Licensees :     |                            |                    | Area : KS                 |                        |                            |
|                 |                            |                    | County : DOUGLAS          |                        |                            |
|                 |                            |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                            |                    | Accrediting Organization: | JCAHO                  |                            |

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|-----------------|----------------------------|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | CUSHING MEMORIAL HOSPITAL  | State ID :         | H-052-001                 | Beds Licensed Acute :  | 74                         |
| Address :       | 711 MARSHALL ST            | Federal Provider : | 170133                    | Beds Certified Acute : | 74                         |
| City :          | LEAVENWORTH, KS 66048-3235 | Telephone :        | (913) 684-1100            |                        |                            |
| Administrator : | BOB S EDWARDS JR           | Fax :              |                           | Number of Bassinets :  | 5                          |
| Licensees :     | CUSHING MEMORIAL HOSPITAL  | GA05               | Area : KS                 |                        |                            |
|                 |                            |                    | County : LEAVENWORT       |                        |                            |
|                 |                            |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                            |                    | Accrediting Organization: | JCAHO                  |                            |

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|-----------------|----------------------------|---------------------------|----------------|------------------------|------------------|
| Name :          | SAINT JOHN HOSPITAL        | State ID :                | H-052-002      | Beds Licensed Acute :  | 68               |
| Address :       | 3500 S 4TH ST              | Federal Provider :        | 170009         | Beds Certified Acute : | 68               |
| City :          | LEAVENWORTH, KS 66048-5014 | Telephone :               | (913) 680-6000 |                        |                  |
| Administrator : | JAMES PAQUETTE             | Fax :                     | (913) 680-6013 | Number of Bassinets :  | 10               |
| Licensees :     |                            | Area :                    | KS             |                        |                  |
|                 |                            | County :                  | LEAVENWORT     |                        |                  |
|                 |                            | Certified as Swing Bed :  | Yes            | Lic Type:              | General Hospital |
|                 |                            | Accrediting Organization: | JCAHO          |                        |                  |

|                 |                      |                           |                |                        |                  |
|-----------------|----------------------|---------------------------|----------------|------------------------|------------------|
| Name :          | DOCTORS HOSPITAL LLC | State ID :                | H-046-012      | Beds Licensed Acute :  | 10               |
| Address :       | 4901 COLLEGE         | Federal Provider :        | 170194         | Beds Certified Acute : | 10               |
| City :          | LEAWOOD, KS 66211    | Telephone :               | (913) 529-1801 |                        |                  |
| Administrator : | PHIL HARNESS         | Fax :                     | (913) 754-2168 | Number of Bassinets :  | 0                |
| Licensees :     |                      | Area :                    | KS             |                        |                  |
|                 |                      | County :                  | JOHNSON        |                        |                  |
|                 |                      | Certified as Swing Bed :  | No             | Lic Type:              | General Hospital |
|                 |                      | Accrediting Organization: | JCA            |                        |                  |

|                 |                                     |                           |                |                        |                  |
|-----------------|-------------------------------------|---------------------------|----------------|------------------------|------------------|
| Name :          | MINIMALLY INVASIVE SURGERY HOSPITAL | State ID :                | H-046-014      | Beds Licensed Acute :  | 10               |
| Address :       | 11217 LAKEVIEW AVENUE               | Federal Provider :        |                | Beds Certified Acute : | 10               |
| City :          | LENEXA, KS 66219                    | Telephone :               | (913) 322-7401 |                        |                  |
| Administrator : | PARAJEET SABHARWAL                  | Fax :                     | (913) 322-7410 | Number of Bassinets :  | 0                |
| Licensees :     |                                     | Area :                    | KS             |                        |                  |
|                 |                                     | County :                  | JOHNSON        |                        |                  |
|                 |                                     | Certified as Swing Bed :  | No             | Lic Type:              | General Hospital |
|                 |                                     | Accrediting Organization: | JCA            |                        |                  |

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|-----------------|---|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | SOUTHWEST MEDICAL CENTER                  | State ID :         | H-088-001                 | Beds Licensed Acute :  | 69                         |
| Address :       | 315 W 15TH PO BOX 1340                    | Federal Provider : | 170068                    | Beds Certified Acute : | 76                         |
| City :          | LIBERAL, KS 67905-1340                    | Telephone :        | (620) 624-6291            |                        |                            |
| Administrator : | ANTHONY DAIGLE                            | Fax :              | (620) 629-2440            | Number of Bassinets :  | 14                         |
| Licensees :     | SOUTHWEST MEDICAL CENTER (Seward County ( | GC06               | Area :                    | KS                     |                            |
|                 |   |                    | County :                  | SEWARD                 |                            |
|                 |   |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |   |                    | Accrediting Organization: | JCAHO                  |                            |

|                 |                                 |                    |                           |                        |                            |
|-----------------|---------------------------------|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | MANHATTAN SURGICAL HOSPITAL LLC | State ID :         | H-075-004                 | Beds Licensed Acute :  | 7                          |
| Address :       | 1829 COLLEGE AVE                | Federal Provider : | 170190                    | Beds Certified Acute : | 7                          |
| City :          | MANHATTAN, KS 66502-3381        | Telephone :        | (785) 776-5100            |                        |                            |
| Administrator : | SCOTT CHAPMAN                   | Fax :              |                           | Number of Bassinets :  | 0                          |
| Licensees :     | MANHATTAN SURGICAL HOSPITAL LLC | GA08               | Area :                    | KS                     |                            |
|                 |                                 |                    | County :                  | POTTAWATOM             |                            |
|                 |                                 |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                                 |                    | Accrediting Organization: |                        |                            |

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|-----------------|-----------------------------------|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | MERCY REGIONAL HEALTH CENTER INC  | State ID :         | H-081-003                 | Beds Licensed Acute :  | 150                        |
| Address :       | 1823 COLLEGE AVE                  | Federal Provider : | 170142                    | Beds Certified Acute : | 150                        |
| City :          | MANHATTAN, KS 66502-3381          | Telephone :        | (785) 776-2831            |                        |                            |
| Administrator : | RICHARD ALLEN                     | Fax :              | (785) 776-2804            | Number of Bassinets :  | 20                         |
| Licensees :     | MEMORIAL HOSPITAL ASSOCIATION INC | GA05               | Area :                    | KS                     |                            |
|                 |                                   |                    | County :                  | RILEY                  |                            |
|                 |                                   |                    | Certified as Swing Bed :  | Yes                    | Lic Type: General Hospital |
|                 |                                   |                    | Accrediting Organization: | AOA                    |                            |

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|-----------------|--------------------------|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | MEMORIAL HOSPITAL        | State ID :         | H-059-002                 | Beds Licensed Acute :  | 70                         |
| Address :       | 1000 HOSPITAL DR         | Federal Provider : | 170105                    | Beds Certified Acute : | 70                         |
| City :          | MCPHERSON, KS 67460-2321 | Telephone :        | (620) 241-2250            |                        |                            |
| Administrator : | REX WALK                 | Fax :              | (620) 241-9153            | Number of Bassinets :  | 5                          |
| Licensees :     | MEMORIAL HOSPITAL INC    | GA05               | Area : KS                 |                        |                            |
|                 |                          |                    | County : MCPHERSON        |                        |                            |
|                 |                          |                    | Certified as Swing Bed :  | Yes                    | Lic Type: General Hospital |
|                 |                          |                    | Accrediting Organization: |                        |                            |

|                 |                                       |                    |                           |                        |                            |
|-----------------|---------------------------------------|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | MERCY HOSPITAL                        | State ID :         | H-059-003                 | Beds Licensed Acute :  | 21                         |
| Address :       | 218 E PACK ST PO BOX 180              | Federal Provider : | 170075                    | Beds Certified Acute : | 21                         |
| City :          | MOUNDRIDGE, KS 67107-0180             | Telephone :        | (620) 345-6391            |                        |                            |
| Administrator : | DOYLE K. JOHNSON                      | Fax :              |                           | Number of Bassinets :  | 5                          |
| Licensees :     | CHURCH OF GOD IN CHRIST MENNONITE INC | GA05               | Area : KS                 |                        |                            |
|                 |                                       |                    | County : MCPHERSON        |                        |                            |
|                 |                                       |                    | Certified as Swing Bed :  | Yes                    | Lic Type: General Hospital |
|                 |                                       |                    | Accrediting Organization: |                        |                            |

|                 |                               |                    |                           |                        |                            |
|-----------------|-------------------------------|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | NEWTON MEDICAL CENTER         | State ID :         | H-040-002                 | Beds Licensed Acute :  | 91                         |
| Address :       | 600 MEDICAL CENTER DR         | Federal Provider : | 170103                    | Beds Certified Acute : | 91                         |
| City :          | NEWTON, KS 67114-0308         | Telephone :        | 316804601                 |                        |                            |
| Administrator : | STEVEN KELLY                  | Fax :              | (316) 804-6260            | Number of Bassinets :  | 10                         |
| Licensees :     | NEWTON HEALTHCARE CORPORATION | GA05               | Area : KS                 |                        |                            |
|                 |                               |                    | County : HARVEY           |                        |                            |
|                 |                               |                    | Certified as Swing Bed :  | Yes                    | Lic Type: General Hospital |
|                 |                               |                    | Accrediting Organization: | JCAHO                  |                            |

|                 |                           |                    |                           |                        |                            |
|-----------------|---------------------------|--------------------|---------------------------|------------------------|----------------------------|
| Name :          | OLATHE MEDICAL CENTER     | State ID :         | H-046-002                 | Beds Licensed Acute :  | 300                        |
| Address :       | 20333 W 151ST ST          | Federal Provider : | 170049                    | Beds Certified Acute : | 300                        |
| City :          | OLATHE, KS 66061-5352     | Telephone :        | (913) 791-4200            |                        |                            |
| Administrator : | FRANK H. DEVOCELLE        | Fax :              | (913) 791-4313            | Number of Bassinets :  | 25                         |
| Licensees :     | OLATHE MEDICAL CENTER INC | GA05               | Area : KS                 |                        |                            |
|                 |                           |                    | County : JOHNSON          |                        |                            |
|                 |                           |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                           |                    | Accrediting Organization: | JCAHO                  |                            |

|                 |                          |                    |                           |                        |                            |
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| Name :          | RANSOM MEMORIAL HOSPITAL | State ID :         | H-030-001                 | Beds Licensed Acute :  | 55                         |
| Address :       | 1301 S MAIN ST           | Federal Provider : | 170014                    | Beds Certified Acute : | 55                         |
| City :          | OTTAWA, KS 66067-3598    | Telephone :        | (785) 229-8308            |                        |                            |
| Administrator : | LARRY FELIX              | Fax :              | (785) 229-8416            | Number of Bassinets :  | 5                          |
| Licensees :     | FRANKLIN COUNTY          | GC06               | Area : KS                 |                        |                            |
|                 |                          |                    | County : FRANKLIN         |                        |                            |
|                 |                          |                    | Certified as Swing Bed :  | Yes                    | Lic Type: General Hospital |
|                 |                          |                    | Accrediting Organization: | JCA                    |                            |

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| Name :          | CHILDREN'S MERCY SOUTH        | State ID :         | H-046-008                 | Beds Licensed Acute :  | 54                         |
| Address :       | 5808 W 110TH ST               | Federal Provider : | 173300                    | Beds Certified Acute : | 54                         |
| City :          | OVERLAND PARK, KS 66212       | Telephone :        | (913) 696-8000            |                        |                            |
| Administrator : | RANDALL O'DONNELL             | Fax :              | (816) 842-6107            | Number of Bassinets :  | 0                          |
| Licensees :     | THE CHILDREN'S MERCY HOSPITAL | GA05               | Area : KS                 |                        |                            |
|                 |                               |                    | County : JOHNSON          |                        |                            |
|                 |                               |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                               |                    | Accrediting Organization: | JCA                    |                            |

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| Name :          | MENORAH MEDICAL CENTER       | State ID :         | H-046-007                 | Beds Licensed Acute :  | 158                        |
| Address :       | 5721 W 119TH ST              | Federal Provider : | 170182                    | Beds Certified Acute : | 158                        |
| City :          | OVERLAND PARK, KS 66209-3722 | Telephone :        | (913) 498-6000            |                        |                            |
| Administrator : | STEVEN WILKINSON             | Fax :              | (913) 498-7106            | Number of Bassinets :  | 12                         |
| Licensees :     | MIDWEST DIVISION MMC LLC     | GA08               | Area : KS                 |                        |                            |
|                 |                              |                    | County : JOHNSON          |                        |                            |
|                 |                              |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                              |                    | Accrediting Organization: | JCAHO                  |                            |

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| Name :          | OVERLAND PARK REGIONAL MEDICAL CTR | State ID :         | H-046-003                 | Beds Licensed Acute :  | 244                        |
| Address :       | 10500 QUIVIRA ROAD BOX 15959       | Federal Provider : | 170176                    | Beds Certified Acute : | 244                        |
| City :          | OVERLAND PARK, KS 66215-2373       | Telephone :        | (913) 541-5301            |                        |                            |
| Administrator : | KEVIN J HICKS                      | Fax :              | (913) 541-5035            | Number of Bassinets :  | 53                         |
| Licensees :     | MIDWEST DIVISION OPRMC LLC         | GA08               | Area : KS                 |                        |                            |
|                 |                                    |                    | County : JOHNSON          |                        |                            |
|                 |                                    |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                                    |                    | Accrediting Organization: | JCAHO                  |                            |

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| Name :          | SAINT LUKE'S SOUTH HOSPITAL  | State ID :         | H-046-009                 | Beds Licensed Acute :  | 105                        |
| Address :       | 12300 METCALF                | Federal Provider : | 170185                    | Beds Certified Acute : | 105                        |
| City :          | OVERLAND PARK, KS 66213-1324 | Telephone :        | (913) 317-7000            |                        |                            |
| Administrator : | JULIE L QUIRIN               | Fax :              | (913) 317-7909            | Number of Bassinets :  | 25                         |
| Licensees :     |                              |                    | Area : KS                 |                        |                            |
|                 |                              |                    | County : JOHNSON          |                        |                            |
|                 |                              |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                              |                    | Accrediting Organization: | JCA                    |                            |

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| Name :          | MIAMI COUNTY MEDICAL CENTER     | State ID :         | H-061-001                 | Beds Licensed Acute :  | 39                         |
| Address :       | 2100 BAPTISTE DR                | Federal Provider : | 170109                    | Beds Certified Acute : | 39                         |
| City :          | PAOLA, KS 66071-0365            | Telephone :        | (913) 294-2327            |                        |                            |
| Administrator : | FRANK DEVOCELLE                 | Fax :              |                           | Number of Bassinets :  | 0                          |
| Licensees :     | MIAMI COUNTY MEDICAL CENTER INC | GA05               | Area : KS                 |                        |                            |
|                 |                                 |                    | County : MIAMI            |                        |                            |
|                 |                                 |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                                 |                    | Accrediting Organization: | JCA                    |                            |

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| Name :          | LABETTE COUNTY MEDICAL CENTER           | State ID :         | H-050-002                 | Beds Licensed Acute :  | 109                        |
| Address :       | 1902 S US HWY 59 PO BOX 956             | Federal Provider : | 170120                    | Beds Certified Acute : | 109                        |
| City :          | PARSONS, KS 67357-0956                  | Telephone :        | (620) 421-4880            |                        |                            |
| Administrator : | WILLIAM MAHONEY                         | Fax :              | (620) 421-9544            | Number of Bassinets :  | 12                         |
| Licensees :     | LABETTE COUNTY MEDICAL CENTER FOUNDATIC | GC06               | Area : KS                 |                        |                            |
|                 |   |                    | County : LABETTE          |                        |                            |
|                 |   |                    | Certified as Swing Bed :  | Yes                    | Lic Type: General Hospital |
|                 |   |                    | Accrediting Organization: |                        |                            |

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| Name :          | MT CARMEL REGIONAL MEDICAL CENTER | State ID :         | H-019-002                 | Beds Licensed Acute :  | 172                        |
| Address :       | 1102 E CENTENNIAL                 | Federal Provider : | 170006                    | Beds Certified Acute : | 172                        |
| City :          | PITTSBURG, KS 67124               | Telephone :        | (620) 231-6100            |                        |                            |
| Administrator : | KAREN COLE                        | Fax :              | (620) 232-0493            | Number of Bassinets :  | 12                         |
| Licensees :     | MT CARMEL MEDICAL CENTER          | GA05               | Area : KS                 |                        |                            |
|                 |                                   |                    | County : CRAWFORD         |                        |                            |
|                 |                                   |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                                   |                    | Accrediting Organization: | JCAHO                  |                            |

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| Name :          | PRATT REGIONAL MEDICAL CENTER      | State ID :         | H-076-001                 | Beds Licensed Acute :  | 69                         |
| Address :       | 200 COMMODORE ST                   | Federal Provider : | 170027                    | Beds Certified Acute : | 69                         |
| City :          | PRATT, KS 67124-3099               | Telephone :        | (620) 450-1160            |                        |                            |
| Administrator : | SUSAN PAGE                         | Fax :              | (620) 672-2113            | Number of Bassinets :  | 6                          |
| Licensees :     | PRATT COUNTY                       | GB06               | Area : KS                 |                        |                            |
|                 | PRATT REGIONAL MEDICAL CENTER CORP | HA05               | County : PRATT            |                        |                            |
|                 |                                    |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                                    |                    | Accrediting Organization: |                        |                            |

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| Name :          | SALINA REGIONAL HEALTH CENTER     | State ID :         | H-085-001                 | Beds Licensed Acute :  | 359                        |
| Address :       | 400 S SANTA FE AVE                | Federal Provider : | 170012                    | Beds Certified Acute : | 359                        |
| City :          | SALINA, KS 67401-4144             | Telephone :        | (785) 452-7000            |                        |                            |
| Administrator : | RANDY PETERSON                    | Fax :              | (785) 452-6963            | Number of Bassinets :  | 20                         |
| Licensees :     | SALINA REGIONAL HEALTH CENTER INC | GA05               | Area : KS                 |                        |                            |
|                 |                                   |                    | County : SALINE           |                        |                            |
|                 |                                   |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                                   |                    | Accrediting Organization: | AOA                    |                            |

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| Name :          | SHAWNEE MISSION MEDICAL CENTER | State ID :         | H-046-004                 | Beds Licensed Acute :  | 383                        |
| Address :       | 9100 W 74TH ST                 | Federal Provider : | 170104                    | Beds Certified Acute : | 383                        |
| City :          | SHAWNEE MISSION, KS 66204-4019 | Telephone :        | (913) 676-2151            |                        |                            |
| Administrator : | SAMUEL H. TURNER SR.           | Fax :              |                           | Number of Bassinets :  | 55                         |
| Licensees :     | ADVENTIST HEALTH MID AMERICA   | GA07               | Area : KS                 |                        |                            |
|                 |                                |                    | County : JOHNSON          |                        |                            |
|                 |                                |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                                |                    | Accrediting Organization: | JCA                    |                            |

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| Name :          | ST FRANCIS HOSPITAL & MEDICAL CTR | State ID :         | H-089-002                 | Beds Licensed Acute :  | 378                        |
| Address :       | 1700 SW 7TH ST                    | Federal Provider : | 170016                    | Beds Certified Acute : | 378                        |
| City :          | TOPEKA, KS 66606-1674             | Telephone :        | (785) 295-8989            |                        |                            |
| Administrator : | LORETTO COLWELL                   | Fax :              | (785) 295-5479            | Number of Bassinets :  | 38                         |
| Licensees :     |                                   |                    | Area : KS                 |                        |                            |
|                 |                                   |                    | County : SHAWNEE          |                        |                            |
|                 |                                   |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                                   |                    | Accrediting Organization: | JCAHO                  |                            |

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| Name :          | STORMONT-VAIL HEALTHCARE INC | State ID :         | H-089-003                 | Beds Licensed Acute :  | 586                        |
| Address :       | 1500 SW 10TH ST              | Federal Provider : | 170086                    | Beds Certified Acute : | 586                        |
| City :          | TOPEKA, KS 66604-1353        | Telephone :        | (785) 354-6121            |                        |                            |
| Administrator : | MAYNARD OLIVERIUS            | Fax :              | (785) 354-5361            | Number of Bassinets :  | 45                         |
| Licensees :     | STORMONT VAIL HEALTHCARE INC | GA05               | Area : KS                 |                        |                            |
|                 |                              |                    | County : SHAWNEE          |                        |                            |
|                 |                              |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                              |                    | Accrediting Organization: | JCA                    |                            |

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| Name :          | BOB WILSON MEM-GRANT CO HOSPITAL | State ID :         | H-034-001                 | Beds Licensed Acute :  | 45                         |
| Address :       | 415 N MAIN ST                    | Federal Provider : | 170110                    | Beds Certified Acute : | 45                         |
| City :          | ULYSSES, KS 67880-2133           | Telephone :        | (316) 356-1266            |                        |                            |
| Administrator : | ROBERT OHLEN                     | Fax :              | (620) 356-2075            | Number of Bassinets :  | 5                          |
| Licensees :     | GRANT COUNTY                     | GA06               | Area : KS                 |                        |                            |
|                 |                                  |                    | County : GRANT            |                        |                            |
|                 |                                  |                    | Certified as Swing Bed :  | Yes                    | Lic Type: General Hospital |
|                 |                                  |                    | Accrediting Organization: |                        |                            |

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| Name :          | SUMNER REGIONAL MEDICAL CENTER | State ID :         | H-096-002                 | Beds Licensed Acute :  | 67                         |
| Address :       | 1323 NORTH A STREET            | Federal Provider : | 170039                    | Beds Certified Acute : | 67                         |
| City :          | WELLINGTON, KS 67152-4350      | Telephone :        | (620) 399-1298            |                        |                            |
| Administrator : | ROBERT H BEAN                  | Fax :              | (620) 326-2225            | Number of Bassinets :  | 6                          |
| Licensees :     | CITY OF WELLINGTON             | GA06               | Area : KS                 |                        |                            |
|                 |                                |                    | County : SUMNER           |                        |                            |
|                 |                                |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                                |                    | Accrediting Organization: |                        |                            |

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| Name :          | GALICHIA HEART HOSPITAL LLC | State ID :         | H-087-011                 | Beds Licensed Acute :  | 55                         |
| Address :       | 2610 N WOODLAWN             | Federal Provider : | 170192                    | Beds Certified Acute : | 55                         |
| City :          | WICHITA, KS 67220           | Telephone :        | (316) 858-2610            |                        |                            |
| Administrator : | THOMAS NESTER               | Fax :              | (316) 858-2793            | Number of Bassinets :  | 0                          |
| Licensees :     | GALICHIA HEART HOSPITAL LLC | GA08               | Area : KS                 |                        |                            |
|                 |                             |                    | County : SEDGWICK         |                        |                            |
|                 |                             |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                             |                    | Accrediting Organization: |                        |                            |

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| Name :          | VIA CHRISTI REGIONAL MED CTR - TRANSPLANT | State ID :         | H-087-001                 | Beds Licensed Acute :  | 0                          |
| Address :       | 929 N ST FRANCIS                          | Federal Provider : | 170122                    | Beds Certified Acute : | 0                          |
| City :          | WICHITA, KS 67214                         | Telephone :        | (316) 269-5000            |                        |                            |
| Administrator : | FRANK CREEDEN                             | Fax :              |                           | Number of Bassinets :  | 0                          |
| Licensees :     |   |                    | Area : KS                 |                        |                            |
|                 |   |                    | County : SEDGWICK         |                        |                            |
|                 |   |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |   |                    | Accrediting Organization: | JCA                    |                            |

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| Name :          | VIA CHRISTI REGIONAL MEDICAL CENTER | State ID :         | H-087-001                 | Beds Licensed Acute :  | 1433                       |
| Address :       | 929 N SAINT FRANCIS ST              | Federal Provider : | 170122                    | Beds Certified Acute : | 1433                       |
| City :          | WICHITA, KS 67214-3882              | Telephone :        | (316) 268-5108            |                        |                            |
| Administrator : | LARRY SCHUMACHER                    | Fax :              | (316) 291-7363            | Number of Bassinets :  | 51                         |
| Licensees :     |                                     |                    | Area : KS                 |                        |                            |
|                 |                                     |                    | County : SEDGWICK         |                        |                            |
|                 |                                     |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                                     |                    | Accrediting Organization: | JCAHO                  |                            |

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| Name :          | WESLEY MEDICAL CENTER  | State ID :         | H-087-004                 | Beds Licensed Acute :  | 760                        |
| Address :       | 550 N HILLSIDE ST      | Federal Provider : | 170123                    | Beds Certified Acute : | 760                        |
| City :          | WICHITA, KS 67214-4076 | Telephone :        | (316) 962-2000            |                        |                            |
| Administrator : | DAVID S NEVILL         | Fax :              | (316) 688-7076            | Number of Bassinets :  | 102                        |
| Licensees :     |                        |                    | Area : KS                 |                        |                            |
|                 |                        |                    | County : SEDGWICK         |                        |                            |
|                 |                        |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                        |                    | Accrediting Organization: | JCAHO                  |                            |

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| Name :          | WESLEY REHABILITATION HOSPITAL | State ID :         | H-087-005                 | Beds Licensed Acute :  | 65                         |
| Address :       | 8338 W 13TH                    | Federal Provider : | 173027                    | Beds Certified Acute : | 65                         |
| City :          | WICHITA, KS 67212-2984         | Telephone :        | (316) 729-9999            |                        |                            |
| Administrator : | PAMELA STANBERRY               | Fax :              |                           | Number of Bassinets :  | 0                          |
| Licensees :     |                                |                    | Area : KS                 |                        |                            |
|                 |                                |                    | County : SEDGWICK         |                        |                            |
|                 |                                |                    | Certified as Swing Bed :  | No                     | Lic Type: General Hospital |
|                 |                                |                    | Accrediting Organization: | JCA                    |                            |